



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING

[www.dor.mo.gov/mvdl](http://www.dor.mo.gov/mvdl)

**REQUEST FOR MV/DL RECORD(S) / SECURITY ACCESS CODE**

FORM

**4678**

(REV. 12-03)

**INSTRUCTIONS:** This application must be completed and approved before an applicant can obtain restricted information. Only applicants who meet the criteria outlined in Section C are eligible to obtain restricted information and/or a security access code. Please submit the application to: DRIVER AND VEHICLE SERVICES BUREAU, PO BOX 200, JEFFERSON CITY MO 65105-0200. The application may also be faxed to (573) 526-7367.

**SECTION A. REQUESTER INFORMATION (THIS SECTION MUST BE COMPLETED BY ALL.)**

NAME OF INDIVIDUAL (LAST NAME, FIRST NAME, MIDDLE INITIAL), PARTNERSHIP OR CORPORATION		OFFICE USE ONLY SECURITY CODE ASSIGNED _____	
CUSTOMER NAME (FIRM OR TRADE)		TELEPHONE NUMBER ( )	
ACCOUNT CONTACT PERSON (IF YOU HAVE AN ACCOUNT WITH THE DRIVER AND VEHICLE SERVICES BUREAU)		TELEPHONE NUMBER ( )	
STREET ADDRESS (PHYSICAL LOCATION)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

**SECTION B. REQUEST TO OBTAIN MISSOURI VEHICLE/DRIVER LICENSE RECORD INFORMATION (COMPLETE THIS SECTION IF YOU ARE REQUESTING A RECORD NOW.)**

I am requesting the ☐ **driver license record and/or** ☐ **motor vehicle record(s)** concerning the following individual. (Provide complete information for each motor vehicle record you are requesting.)

NAME OF RECORD HOLDER FOR RECORD BEING REQUESTED		DRIVER LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/FEIN	
	YEAR	MAKE	IDENTIFICATION NUMBER (VIN/HIN)		CURRENT LICENSE PLATE OR REGISTRATION NUMBER
1.					EXP. YEAR
2.					
3.					
4.					

**SECTION C. AUTHORIZATION (THIS SECTION MUST BE COMPLETED BY ALL.)**

I/We hereby certify that I/we are requesting Missouri vehicle and/or driver license records under the provisions of the Federal Driver's Privacy Protection Act and Missouri law. I/We are authorized to obtain these records and personal information based on the following (please review carefully and check the appropriate entry that allows you authorization to obtain personal information on a restricted record):

- ☐ (01) A government agency (federal, state or local) or employed by such, and authorized to request vehicle/driving records for the purpose of the government agency to carry out its functions.
- ☐ (02) A Missouri Circuit, Associate Circuit or Municipal court, an out-of-state court, or employed by such, and authorized to request vehicle/driving records for the purpose of the court to carry out its functions.
- ☐ (03) A Missouri or out-of-state law enforcement agency or employed by such, and authorized to request vehicle/driving records for the purpose of the law enforcement agency to carry out its functions.
- ☐ (04) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ☐ (05) Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business; but only to:

a) verify accuracy of the personal information.

b) obtain correct information but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.

**SECTION C. AUTHORIZATION (CONT.)**

- ☐ (06) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court.
- ☐ (07) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in research activities, and producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- ☐ (08) Authorized representative, agent, contractor, or employed by such, of an *insurer, insurance support organization or self-insured entity* and the vehicle/driving record being requested will be used only in connection with the following:
- a) claims investigation activities
  - b) antifraud activities
  - c) rating or underwriting
- ☐ (09) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in providing notice to the owners of towed or impounded vehicles.
- ☐ (10) Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- ☐ (11) Authorized as an employer, or its agent or insurer under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in obtaining or verifying information relating to a holder of a commercial driver's license (CDL).
- ☐ (12) Authorized representative or owner of a private toll transportation facility and authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in the operation of the facility.
- ☐ (13) Authorized under the law of the state that holds the record to request and obtain the vehicle/driving record if the vehicle/driving record will be used in relationship to the operation of the motor vehicle or public safety.
- ☐ (14) Authorized persons who have a purpose to disseminate to the public a newspaper, book, magazine, broadcast or similar form of public communication, including dissemination by computer or other electronic means, when such dissemination is related to the operation of a motor vehicle or to public safety.

**NOTE:** A record holder's photograph, social security number, and medical or disability information may only be obtained for use 1) by any government agency in carrying out its functions, 2) in connection with any civil, criminal, administrative or arbitral proceeding, 3) by any insurer or insurance support organization or by a self-insured entity, or its agents, employees, or contractors in connection with claims activities, antifraud activities, rating or underwriting, or 4) by an employer to obtain or verify information relating to a holder of a commercial driver license. This is pursuant to the Federal Driver's Privacy Protection Act, section 2721 of Title 18 of the United States Code and as amended by Public Law 106-69, Section 350.

I certify under the penalty of perjury that all information completed in Sections A, B and C is true and correct and the willful, unauthorized disclosure of information from any Department record for a purpose other than the one stated in the request or the sale or other distribution of the information to a person or organization not disclosed in the request may result in penalties imposed under Title 18 U.S.C. Section 2724 and Missouri Revised Statutes Section 575.050.

YOU MUST CHECK THE BOX(ES) THAT APPLY IN SECTION C. AUTHORIZATION	SIGNATURE OF REQUESTER	DATE SIGNED
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<b>NOTARY INFORMATION</b>		
NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**SECTION D. APPLICATION FOR SECURITY ACCESS CODE**

Provide the remaining information including the signature requirements and notarization if you will be a frequent requester of records and desire to have a security access code established with the Department of Revenue. **You must check the appropriate box(es) that apply in Section C. Authorization.**

**PREVIOUS ACCESS**

1. Have you, your partners, any corporate officer, or the business previously applied for, had, or have a Missouri Security Access Code for the purpose of obtaining restricted records? ☐ Yes ☐ No If yes, indicate the current/prior Security Access number/requester code(s).  
Security Access Number(s) \_\_\_\_\_
2. Do you currently have an account number to obtain vehicle or driving records? ☐ Yes ☐ No If yes, record the account number(s).  
Motor Vehicle Bureau \_\_\_\_\_ Drivers License Bureau \_\_\_\_\_  
Information Systems Division \_\_\_\_\_

**GENERAL PROVISIONS**

1. This request is between the State of Missouri, Department of Revenue, hereinafter referred to as the "Department," and \_\_\_\_\_ hereinafter referred to as "requester," for the purpose of the Department providing information from its files.
2. The requester shall submit a completed Application for Security Access Code which, when approved by the Department will be incorporated as part of this agreement.
3. Requester shall not use the Department records for any purpose other than that approved by the Department in accordance with the Federal Driver's Privacy Protection Act and indicated in the authorization section of this application.

**GENERAL SECURITY REQUIREMENTS**

1. Requester shall maintain the security and integrity of the information received. A violation of any provisions of this agreement, whether by omission or commission, shall be grounds for action by the Department and may result in suspension of the security access code.
2. Requester shall ensure compliance with all security provisions of this agreement. If fraud or abuse is suspected or confirmed, the requester shall immediately notify the Department by telephone at (573) 751-2633. A written notification containing all facts therein shall be prepared by the requester within three business days and mailed to the Department at the following address: MISSOURI DEPARTMENT OF REVENUE, GENERAL COUNSEL, PO BOX 475, JEFFERSON CITY, MO 65105-0475.
3. Requester shall maintain a current list of persons and entities authorized to access Department records. This list shall be available to the Department upon demand.
4. Each Department approved requester that resells or discloses personal information covered by the Federal Driver's Privacy Protection Act must keep, for a period of five years, records identifying each person or entity that receives such information and the permitted purpose for which the information will be used and must make such records available to the Department upon request.
5. Each Department approved requester that resells or rediscloses personal information must ensure that the receivers of the requested records are authorized under the Driver's Privacy Protection Act and the receivers understand their responsibilities.
6. Requester shall not disclose its Department assigned security access code verbally, in writing, or when passing data electronically to anyone other than a Department representative or an authorized individual who is in the direct employ of the requester.
7. Requesters shall not sell, retain, distribute, provide, or transfer any record information or portion of the record information acquired under this agreement except as authorized by the Department and the Federal Driver's Privacy Protection Act.

**STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURE(S)**

Instructions: Please read the statement of understanding and sign I, II, III, or IV, as appropriate on the back of this form.

I understand that false or misleading answers are cause for denial of an application and/or termination of any access request granted. I authorize the Director of Revenue, or the Director's designee, to investigate any matter or statement contained in this request.

I understand that if this request is approved, I will be required to conform to the statements presented within. I further understand that I will be required to sign a statement which is a part of this request. This request specifies the terms and conditions of our relationship. Any deviations will be considered by the Department of Revenue as misuse, and may result in both suspension of the security access code and refusal of subsequent requests.

I understand that according to provisions of the Missouri Revised Statutes and the Federal Driver's Privacy Protection Act, any person holding a security access code who directly or indirectly obtains information from the Department of Revenue using false representations or distributes restricted or confidential information to any person or uses the information for a reason not authorized or specified in this request is liable and penalties may be imposed under Title 18 U.S.C. Section 2724 and Missouri Revised Statutes Section 575.050 and shall have their security access code denied.

(Signature required on the back of this form.)

**STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURES (CONT.)**

I certify under the penalty of perjury, under the laws of Missouri, that I have read and understand the aforementioned statements, and agree to comply with the requirements contained therein and, if approved to receive personal information, that measures have been instituted to ensure that each request for personal information from the files of the Department of Revenue is used pursuant to the identified federal or state statutes, regulations, and rules of the court.

**I. Individual:** I certify under the penalty of perjury that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

**II. Partnership:** We certify under the penalty of perjury that we are co-partners as shown on this application, and that no other person is associated in the ownership of the business, and that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

SIGNATURE

X

DATE

**III. Corporation:** I certify under the penalty of perjury that I am a corporate officer authorized to sign for the corporation identification number and that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

TITLE

**IV. News Medium:** I certify under the penalty of perjury that I am authorized to sign for the news medium security access code and that all answers and information contained within this application for a security access code are true and accurate.

SIGNATURE

X

DATE

TITLE

**NOTARY INFORMATION**NOTARY PUBLIC EMBOSSEER OR  
BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

➔ For additional information concerning driver license records, please contact the DRIVER AND VEHICLE SERVICES BUREAU, PO BOX 200, JEFFERSON CITY MO 65105-0200. Telephone: (573) 751-4300 FAX: (573) 526-7367.

➔ For additional information concerning motor vehicle records, please contact the DRIVER AND VEHICLE SERVICES BUREAU, MAIL STOP 35, PO BOX 100, JEFFERSON CITY MO 65105-0100. Telephone: (573) 751-4509 FAX: (573) 751-7060.

**FOR OFFICE USE ONLY**

MVB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	IF FORM INDICATES REQUEST FOR RECORDS/SECURITY ACCESS CODE FOR OTHER BUREAU, FORWARD A COPY OF THIS FORM TO THAT BUREAU.
DLB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	DATE FORM SENT TO OTHER BUREAU IF APPLICABLE